

REQUIREMENTS - PHARMACIST EXAM & LICENSE

Access this form via website at: www.hawaii.gov/dcca/pvl

LICENSE-GENERAL REQUIREMENTS

1. Is at least 18 years of age.
2. Hold a degree from a school or college of pharmacy or department in a university which is recognized and accredited by the American Council of Pharmaceutical Education (ACPE).
3. Has a minimum of 1,500 hours practical experience in a pharmacy under the supervision of a pharmacist.
4. Passed the required examinations as prescribed by the Board of Pharmacy.
5. Does not have an encumbered license or pending disciplinary action or unresolved complaints in the practice of pharmacy.

EDUCATION

Graduation from pharmacy school or college accredited or has received candidate status by the American Council on Pharmaceutical Education (ACPE).

EXAMINATION

Pass the North American Pharmacist Licensure Examination (NAPLEX) **and** the Multistate Pharmacy Jurisprudence Examination (MPJE) for this State, each with a minimum score of 75.

PRACTICAL EXPERIENCE

Submit verification of 1,500 hours of practical pharmaceutical experience.

PATHWAYS TO PHARMACIST LICENSURE

Reciprocity (If licensed in another state or territory of the United States with qualifications that are equal or exceed Hawaii's requirements. Note: California and Florida do not reciprocate.)

1. Application - Complete and **submit** an "Application for Exam and License - Pharmacist" with a \$50 non-refundable, application fee made payable to "Commerce & Consumer Affairs". Your application will not be processed without this fee. **Failure to provide all the requested information will delay the processing of your application.**
2. NABP Transfer of Pharmaceutic Licensure Report - **Contact** the National Association of Boards of Pharmacy (NABP) to obtain information and application for the Transfer of Pharmaceutic Licensure Report. Upon receipt of this report from the NABP, **you must forward** this to the Hawaii State Board of Pharmacy with the Board's application **within 90 days of the NABP's report date of issuance**. You may submit the Board's application while awaiting your NABP report to be completed. You may contact NABP at: NABP
700 Busse Highway Phone: (847) 698-6227
Park Ridge, IL 60068-6227 www.nabp.org
3. Experience - **Submit** verification from your employer(s) of 1,500 hours of practice as a registered/licensed pharmacist within the 5 years preceding the date of the application. You may use the form included in this application packet. If applicant is not an employee, submit a notarized statement attesting that applicant owned a pharmacy and practiced for 1,500 hours or more within the 5 years preceding the application date.
4. Examinations:
 - a. If the license you are reciprocating was obtained before June 22, 1976, you will need to have passed the pharmacist licensing exam administered in that state with a general average score of at least 70.
 - b. NAPLEX OR NAPLEX:
 - If the license you are reciprocating was obtained on or after June 22, 1976, and before May 12, 1986, minimum passing general average score of 70; or
 - If the license you are reciprocating was obtained on or after May 12, 1986, minimum passing converted score of 75.
 - c. Multistate Pharmacy Jurisprudence Exam (MPJE) - Pass with a minimum score of 75. All applicants are required to take and pass the MPJE for Hawaii licensure. The MPJE taken for another state license is not valid for Hawaii.

Examination

1. Application - Complete and **submit** an "Application for Exam and License - Pharmacist" with a \$50 non-refundable application fee made payable to "Commerce & Consumer Affairs". Your application will not be processed without this fee. **Failure to provide all the requested information will delay the processing of your application.**

(CONTINUED ON BACK)

**PATHWAYS TO
PHARMACIST
LICENSURE (Cont.)**

2. Certified Transcript - **Arrange** with your pharmacy school or college to send **directly** to our office, a certified transcript showing graduation date and degree conferred. Your pharmacy school or college must be accredited or has received candidate status by the American Council on Pharmaceutical Education (ACPE).
3. Practical Experience - **Submit** verification of 1,500 hours of practical pharmaceutical experience. You may submit this before or after the examinations. Credit will be given only to those internship hours earned after completion of the first year of pharmacy college and provided the applicant worked under the direct supervision of a licensed pharmacist in the United States.

If worked in this State, the applicant shall have possessed a valid intern permit. See Board for application.

If worked out-of-state, the applicant shall have been eligible to work in that state as an intern and shall have the pharmacy college or the state board of pharmacy verify that experience.

The application may have the employer submit a notarized statement to verify the applicant:

- Worked as a pharmacy intern under the direct supervision of the pharmacist;
- Performed work to assist the pharmacist;
- Dates of employment;
- Number of hours worked; and
- Name, license number, and signature of the supervising pharmacist.

The practical experience shall have been gained in the United States in a pharmacy under the supervision of a licensed pharmacist. The experience shall be predominantly related to the selling of drugs, compounding prescriptions, preparing pharmaceutical preparations, and keeping records and making reports required under state and federal statutes.

4. License Verification - If licensed in another state or territory of the United States, **submit** verification from the licensing authority of the status of your license(s), whether or not current, inactive, lapsed, or ever made conditional, suspended, or revoked. Use the attached "*Verification of License - Pharmacist*" form. If you have a license that is or has been encumbered, pending disciplinary action, or an unresolved complaint, you shall provide all information regarding the matter.
5. Examinations - Pass the NAPLEX **and** the Multistate Pharmacy Jurisprudence Exam ("MPJE"), each with a minimum score of 75. See www.nabp.org for examination information.

Score Transfer

1. Application – Complete and **submit** an "Application for Exam & License - Pharmacist" with a \$50 non-refundable application fee made payable to "Commerce & Consumer Affairs". Your application will not be processed without this fee.
2. NAPLEX Exam - Apply to NABP to have your passing NAPLEX score sent **directly** to the Hawaii Board. The applicant is responsible for complying with and paying for any fees incurred to participate in the NABP Score Transfer Program.
3. MPJE - Pass with a minimum score of 75. All applicants are required to take and pass the MPJE for Hawaii licensure. The MPJE taken for another state license is not valid for Hawaii.
4. Certified Transcript - **Arrange** with your pharmacy school or college to send **directly** to our office, a certified transcript showing graduation date and degree conferred. Your pharmacy school or college must be accredited or has received candidate status by the American Council on Pharmaceutical Education (ACPE).
5. Practical Experience – **Submit** verification of 1,500 hours of practical pharmaceutical experience. You may submit this before or after the examinations. Credit will be given only to those internship hours earned after completion of the first year of pharmacy college and provided the applicant worked under the direct supervision of a licensed pharmacist in the United States.

If worked in this State, the applicant shall have possessed a valid intern permit. See Board for application.

**PATHWAYS TO
PHARMACIST
LICENSURE (Cont.)**

If worked out-of-state, the applicant shall have been eligible to work in that state as an intern and shall have the pharmacy college or the state board of pharmacy verify that experience.

The application may have the employer submit a notarized statement to verify the applicant:

- Worked as a pharmacy intern under the direct supervision of the pharmacist;
- Performed work to assist the pharmacist;
- Dates of employment;
- Number of hours worked; and
- Name, license number, and signature of the supervising pharmacist.

The practical experience shall have been gained in the United States in a pharmacy under the supervision of a licensed pharmacist. The experience shall be predominantly related to the selling of drugs, compounding prescriptions, preparing pharmaceutical preparations, and keeping records and making reports required under state and federal statutes.

6. License Verification - If licensed in another state or territory of the United States, **submit** verification from the licensing authority of the status of your license(s), whether or not current, inactive, lapsed, or ever made conditional, suspended, or revoked. Use the attached "*Verification of License - Pharmacist*" form. If you have a license that is or has been encumbered, pending disciplinary action, or an unresolved complaint, you shall provide all information regarding the matter.

Foreign Educated Applicants via Reciprocity

1. Application - Complete and **submit** an "Application for Exam & License - Pharmacist" with a \$50 non-refundable application fee made payable to "Commerce & Consumer Affairs". Your application will not be processed without this fee.
2. Certified copy of diploma or an official transcript sent from your pharmacy college **directly** to the Hawaii Board.
3. Copies of certificates showing you passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) and Test of English as a Foreign Language (TOEFL). The Hawaii Board will then verify these scores directly with NABP. Also, please have your Test of Spoken English (TSE) score report sent directly to the Hawaii Board.
4. Examinations - If you are reciprocating a license that was obtained prior to December 24, 1992, you must have a minimum passing converted score of 75 on the FPGEE; and the minimum TOEFL score of 550 if paper-based or 213 if computer-based test, or minimum TSE score of 50, if the official language was other than English in the country where educated.
If you are reciprocating a license that was obtained on or after December 24, 1992, you must have a minimum passing converted score of 75 on the FPGEE; and have both the TOEFL minimum score of 550 if paper-based, or 213 if computer-based, and the TSE minimum score of 50.

Applicants are to make their own arrangements to sit for the FPGEE, TOEFL and TSE.

For FPGEE, contact:	Foreign Pharmacy Graduate Examination Commission 700 Busse Highway Park Ridge, IL 60068-2402	Phone No.: (847) 698-6227 www.nabp.org
For TSE <u>and</u> TOEFL, contact:	Educational Testing Service P.O. Box 6151 Princeton, NJ 08541-6151	Phone No.: (609) 771-7100 www.ets.org

5. Practical Experience - **Submit** verification of 1,500 hours of practical pharmaceutical experience. **You may submit this before or after the examinations.** Credit will be given only to those internship hours earned after completion of the first year of pharmacy college and provided the applicant worked under the direct supervision of a licensed pharmacist in the United States.

If worked in this State, the applicant shall have possessed a valid intern permit. See Board for application.

If worked out-of-state, the applicant shall have been eligible to work in that state as an intern and shall have the pharmacy college or the state board of pharmacy verify that experience.

**PATHWAYS TO
PHARMACIST
LICENSURE
(Cont.)**

The application may have the employer submit a notarized statement to verify the applicant:

- Worked as a pharmacy intern under the direct supervision of the pharmacist;
- Performed work to assist the pharmacist;
- Dates of employment;
- Number of hours worked; and
- Name, license number, and signature of the supervising pharmacist.

6. NAPLEX Exam - Apply to NABP to have your passing NAPLEX score sent directly to the Hawaii Board. The applicant is responsible for complying with and paying for any fees incurred to participate in the NABP Score Transfer Program.
7. MPJE - Pass with a minimum score of 75. All applicants are required to take and pass the MPJE for Hawaii licensure. The MPJE taken for another state license is not valid for Hawaii.

Foreign Educated Applicants via Examination

1. Obtain the Foreign Pharmacy Graduate Examination Certification (FPGEC) which includes the following exams:
 - a. FPGEE - minimum passing score of 75.
 - b. TOEFL - minimum passing score of 550 if paper-based test, or 213 if computer-based test.
 - c. TSE - minimum passing score of 50.

Applicants are to make their own arrangements to obtain the FPGEC and shall comply with the testing agencies' requirements. For the FPGEC application and information, contact:

Foreign Pharmacy Graduate Examination Committee
National Association of Boards of Pharmacy
700 Busse Highway
Park Ridge, Ill 60068

Telephone No.: (847) 698-6227
www.nabp.org

2. After receiving your FPGEC, **submit** the Hawaii Board Application for Exam & License-Pharmacist. **Attach** the \$50 application fee (non-refundable) made payable to "Commerce and Consumer Affairs". Your application will not be processed without this fee. Attach a copy of your FPGEC.
3. **Examinations:** **Pass** the NAPLEX and the MPJE exams, each with a minimum score of 75. You will be sent the NAPLEX/MPJE Registration Bulletin when your application has been approved. See www.nabp.org for examination information.
4. **Practical Experience:** **Submit** verification of 1,500 hours of practical pharmaceutical experience. You may submit this before or after passing the NAPLEX and MPJE exams.

The practical experience shall have been gained in the United States in a pharmacy under the supervision of a licensed pharmacist. The experience shall be predominantly related to the selling of drugs, compounding prescriptions, preparing pharmaceutical preparations, and keeping records and making reports required under state and federal statutes.

Credit will be given only to those internship hours earned:

- a. After passage of the FPGEE, TOEFL, and TSE; and
- b. If worked in this State, under a valid intern permit (contact the Board for application form).

The applicant may have the employer submit a notarized statement to verify the applicant:

- a. Worked under the direct supervision of the pharmacist;
- b. Performed work as described above;
- c. Dates of employment;
- d. Number of hours worked; and
- e. Name, license number, and signature of the supervising pharmacist.

GENERAL INFORMATION - PHARMACIST APPLICATION FOR EXAM AND LICENSE ALL APPLICANTS

1. Licensure requirements are subject to change as a result of new laws or rules, or from new policies and procedures adopted by the Department of Commerce & Consumer Affairs ("Department") in cooperation with the Board of Pharmacy ("Board"). Applicants must meet current licensure requirements.
2. It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does NOT have an obligation to notify applicants of incomplete documentation. Applicants may contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
3. Applications are kept for only two years after filing, after which the Board can discard applications. Therefore, applicants must complete all licensure requirements within two years of filing the application with the Board. Licensure requirements also include payment of all fees. If you are not licensed within one year of filing your application, you will be required to update your application information, including license status verifications from the other state pharmacy boards.
4. License verification: If you are licensed, or ever held a license in another state/territory of the United States, and you are not applying for a license via reciprocity, you must have your license status verified by that licensing authority. Use the attached form. Check with the licensing agency for any fees you may need to pay and also the amount of time for that agency to process your license verification to our State.
5. Exam Registration Forms: After the Board has determined you are eligible to sit for the exam(s), you will be mailed the NAPLEX/MPJE Registration Bulletin. The exam form(s) are within the bulletin. Complete the exam registration form(s) along with POSTAL MONEY ORDER(s) (available only from the United States Post Office) for:

NAPLEX - \$430 made payable to "NABP"

MPJE - \$170 made payable to "NABP"

DO NOT MAIL TO NABP. Return to:

Board of Pharmacy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

1010 Richards St., 1st Fl.
Honolulu HI 96813
Phone: (808) 586-3000

6. Postponement or withdrawal of exam: Refer to the NAPLEX/MPJE Registration Bulletin.
7. Re-examination: If you fail an exam and you wish to pursue licensure, you need to apply for re-exam for the exam failed.
8. Hawaii Pharmacy laws and rules: Copies are available and may be purchased from the Cashiers Office, 1010 Richards St., 3rd floor, or P.O. Box 541, Honolulu, HI 96809. The MPJE is referenced, in part, to the following laws and rules:

a. Chapter 461, Hawaii Revised Statutes, HRS, Pharmacists and Pharmacies	\$.50
b. Title 16, Chapter 95, Hawaii Administrative Rules, HAR, Pharmacists and Pharmacies	\$1.25
c. Chapter 328, HRS, Food, Drugs, and Cosmetics	\$1.25
d. Chapter 329, HRS, Uniform Controlled Substances Act.....	\$1.25
e. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law	\$.75

Prices are subject to change without notice. You may pick up or request in writing to the Cashiers Office, P.O. Box 541, Honolulu, HI 96809. Make check payable to "Commerce & Consumer Affairs".

The LAWS and RULES are also posted on our website at: www.hawaii.gov/dcca. Look under "Obtaining Information".

Other recommended references:

- f. Title 23, HAR, available at www.hawaii.gov/icsd/psd/psd.html.
- g. Chapter 330, HRS, Sale of Poisons, available at www.ehawaii.gov/government/html/index.html, go to "Hawaii Revised Statutes" under "Legislative Branch".

All candidates for licensure must be familiar with the current Federal and State laws, rules and regulations. Should there be any conflict between the State laws, the stricter law will apply.

9. Photocopies of documents: You may attach to your application certified copies of your pharmacy diploma or transcript, FPGEC, TOEFL, or TSE. A certified copy of a document must contain the statement, "I have reviewed the original document and attest that this is a true and exact copy of the original" written by the notary public, and partially covered by the notary public's seal or signature. Each page must be certified. In lieu of certified copies, you may submit:
- a. The originals (be advised that the Board will not return any document to the applicant; because all submittals become the property of the Department); or
 - b. Arrange to have the issuing institution send directly to the Board the documentation that is required for licensure.
10. License fees: These are separate from, and in addition to, the application and examination fees. You will be notified of amount due when your application has been approved.
11. License renewal: All licenses, regardless of when issued, expire on December 31 of each odd-number year and are subject to renewal by the license expiration date. A "License Renewal Application" is mailed approximately 60 days prior to December 31 of each odd-numbered year to your last address on file with the Licensing Branch. The Board/Department/Licensing Branch is not responsible for non-receipt of any mail. The burden is on the licensee to ensure that his/her license is kept active.
12. Address changes: You must report your change of address in writing. Report each address change separately, and the effective date of change.
13. Mailing address:
- | | | |
|---|----|--|
| Board of Pharmacy
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801 | or | Deliver to office location:
1010 Richards Street, 1st Floor
Honolulu, HI 96813 |
|---|----|--|
14. Status of your application: You may write, or call the Licensing Branch at (808) 586-3000. We do not accept, nor send, application materials by fax.
- Toll free voice access numbers for the neighbor islands:
Kauai - 274-3141 ext. 6-3000
Maui - 984-2400 ext. 6-3000
Hawaii - 974-4000 ext. 6-3000
Molokai - 1-800-468-4644 ext. 6-3000
Lanai - 1-800-468-4644 ext. 6-3000
15. Applicants with special needs:
If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification form which must be completed by an approved professional, and submitted preferably prior to your exam application. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.
- No action will be taken to provide special testing arrangements until your exam application has been approved.
16. Temporary License: In addition to all of the other requirements, the applicant must first sit and pass the MPJE exam. It is advised that applicants complete all licensure requirements, including the MPJE exam, and be issued a Hawaii license before moving to Hawaii.
17. Abandonment of Application: Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

APPLICATION FOR EXAM AND LICENSE - PHARMACIST

READ REQUIREMENTS FOR LICENSURE BEFORE COMPLETING

License No.

PH -

Effective Date

Legal Name (First - Middle)		(Last)	OFFICE USE ONLY	
Residence Address (include apt. no., city, state and zip code) – REQUIRED				
Mailing Address (ONLY if different from residence)				
Social Security No.	Phone No. (days):		I am applying for:	
Other Names Used (including maiden name):			() License by exam (includes score transfer)	
			() NAPLEX	
			() MPJE	
			() License by reciprocity	

Circle answers and explain if needed:

- 1) Are you at least 18 years of age?YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?YES NO
- 3) Have you ever held a pharmacist license in any state or territory of the United States?YES NO
State/Territory(ies) Licensed _____ Date Licensed _____
(If not currently licensed in any state(s) listed above, indicate the reason(s) on a separate sheet of paper.)
- 4) Are you registered as a PHARMACY INTERN in Hawaii?YES NO
If yes, Permit No. _____ Effective Date _____
- 5) Have any of your licenses to practice pharmacy ever been revoked, suspended, or made probationary or conditional, or otherwise subject to disciplinary action?YES NO
(If answer is "Yes," specify state where action took place, penalty imposed and reasons for such action on a separate sheet of paper. Attach copies of the statement of charges and board's final order pertaining to the disciplinary action.)
- 6) Are you presently being investigated or is any disciplinary action pending against you which is directly related to the practice of pharmacy?YES NO
(If answer is "Yes," specify state where action is pending and reasons on a separate sheet of paper.)
- 7) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?YES NO
(If response "Yes," provide information on the date, place and type of conviction on a separate sheet and attach copies of court documents.)

EDUCATION	Name of School	Location	Date Graduated	Degree Earned

RECIPROCITY APPLICANTS ONLY	List the state(s) or territory(ies) of the United States in which you are currently licensed. State / Territory licensed in: _____
	Have you practiced as a registered pharmacist for at least 1,500 hours or more within the five years immediately preceding the application date? YES NO
	Have you attached or arranged to have your employer(s) send the Board verification that you have practiced as a registered pharmacist for 1,500 hours or more within the 5 years immediately preceding the application date? YES NO
	Is the official report from NABP attached? YES NO
	Is the official NABP report being submitted to this Board within 90 days from the date of issuance by NABP? YES NO

App.....	496.....	\$50	½ Renewal (even).....	490.....	\$35
Lic.....	499.....	\$15	Service Fee.....	BCF.....	\$15
CRF.....	497.....	\$35/70			

SCORE TRANSFER APPLICANTS ONLY	I have applied with NABP to have my NAPLEX score transferred to Hawaii? YES NO I am submitting this Application for License form within 90 days of my NAPLEX exam date YES NO (required by Hawaii law)
FOREIGN PHARMACY GRAD ONLY	If you graduated from a school or college of pharmacy located outside the United States in a country where the official language <u>is</u> English: Have you attached a copy of the FPGEC certificate? YES NO If you graduated from a school or college of pharmacy located outside the United States in a country where the official language <u>is not</u> English: 1. Have you attached verification from the FPGEC of having passed the FPGEE and TOEFL examinations? YES NO 2. Have you arranged for your TSE score report to be sent directly to the Board? YES NO (Answers must be "Yes" to the preceding questions to qualify for the licensure examination.)

Affidavit of Applicant:

I solemnly swear that the answers and statements contained in this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (*Section 710-1017, Hawaii Revised Statutes*).

Date

Signature of Applicant

VERIFICATION OF LICENSE - PHARMACIST (Not required for Reciprocity Applicants)

Access this form via website at : www.hawaii.gov/dcca/pvl

State of Hawaii
Board of Pharmacy
P.O. Box 3469
Honolulu HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT	Name (First-Middle) _____ (LAST) _____		Social Security No. _____
	Address (Include apt. no., city, state and zip code) _____		License No. _____
			Date Issued _____
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Pharmacy.		
Date _____		SIGN HERE _____	

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____ to practice as a pharmacist.		
	Date issued: _____		
	Date license/certificate expires: _____		
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____		
	Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?..... <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain yes response.)		
	Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain yes response).		
	COMMENTS:		
	Signature: _____ Title: _____ State: _____ Date: _____		
TO THE BOARD: Return this form directly to the Hawaii Board of Pharmacy.			

BOARD SEAL

STATE OF HAWAII
BOARD OF PHARMACY
Department of Commerce and Consumer Affairs
1010 Richards Street, P. O. Box 3469
Honolulu, HI 96801
Access this form via website at: www.hawaii.gov/dcca/pvl

CERTIFICATION OF WORK EXPERIENCE AS A REGISTERED PHARMACIST

(print name of applicant)

This is to certify that, _____,
(name of applicant)

has practiced as a licensed pharmacist from _____ through _____
(month and year) (month and year)

for a total of _____ hours at the company/institution named below.
(number)

Signature (date)

Print Name

Title

Name of Company/Institution

Address

City

State

Zip Code

()

Telephone Number

PHARMACY INTERN - PRACTICAL EXPERIENCE

Access this form via website at: www.hawaii.gov/dcca/pvl

State of Hawaii
Board of Pharmacy

Instructions: This form is to be completed by the applicant by examination (includes score transfer). It may be submitted with the "Application for License-Pharmacist" or separately when the applicant completes a minimum of 1,500 hours of experience that are acceptable under the Board's laws and rules. Experience gained outside the United States is not accepted. DO NOT LIST AN EXPERIENCE MORE THAN ONCE. You will also need to have your pharmacy school, a state board of pharmacy, or a licensed pharmacist submit official verification of the practical experience you are claiming.

Legal Name: First/Middle/Last	Social Security No.
-------------------------------	---------------------

I. Practical experience gained through your attendance at a pharmacy school, and coordinated externships and clinical clerkship programs, after successful completion of one year of pharmacy school (the Board will not accept pro gratis hours for which the applicant did not actually work):

<u>Name of School</u>	<u>Dates of Experience</u>	<u>No. of Hours</u>

II. Practical experience as a pharmacy intern gained through work under the direct supervision of a registered pharmacist in a pharmacy:

<u>Pharmacy Name & Address</u>	<u>Employment Dates</u>	<u>No. of Hours</u>

_____	_____
Date	Signature of Applicant